

## Appendix 27 ■ MSSP Service Vendor Application

(Definition of service to be provided, including approved MSSP unit types)									
(Additional specifications)									
1.	<table border="1"><tr><td><b>Vendor Name:</b></td><td></td></tr><tr><td>Address:</td><td></td></tr><tr><td>Telephone:</td><td></td></tr><tr><td>FAX:</td><td></td></tr></table>	<b>Vendor Name:</b>		Address:		Telephone:		FAX:	
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6.	List the rate(s) per unit at which your organization offers to provide services to MSSP clients. For each rate, provide a breakdown of the cost factors that comprise that rate. Also, if the proposed rate is higher than that charged to other agencies please provide a thorough explanation of the reason(s) for the difference.								

7. List the days and hours of your organization's service availability.

8. Are there any restrictions or limitations on the availability of your services such as eligibility criteria, service area, minimum number of units or maximum number of units?

9. If applicable, what type of business or professional licenses are held by your organization?

Type	License Number

10. List the number and position titles of all staff (paid and volunteer) to be involved in providing services to MSSP clients. List professional certificates, licenses, degrees, etc., where appropriate (i.e., R.N., Nurse Practitioner, Medical Doctor, MSW, etc.).

11. List the number and position titles of all staff (paid and volunteer) to be involved in the administrative and fiscal tasks related to the provision of services to MSSP clients. List professional degrees and certificates, etc., where appropriate (i.e., MBA, CPA, MPH).

12.	Describe the organization's general fiscal methods and procedures, (i.e., "double entry bookkeeping by CPA two hours per day," or "computerized accounting system with four full-time fiscal staff," etc.).																																													
13.	<p>List the carrier name, carrier number, policy number and coverage limits for each type of insurance your organization maintains.  <b>Please attach a copy of the current certificate of proof of coverage:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type</th> <th style="width: 25%;">Carrier Name</th> <th style="width: 20%;">Carrier Number</th> <th style="width: 20%;">Policy Number</th> <th style="width: 20%;">Coverage</th> </tr> </thead> <tbody> <tr> <td>Comprehensive/General Liability</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Professional Liability/Malpractice</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Performance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Auto</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>General Fidelity Bond</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Workers' Compensation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Products Liability</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type	Carrier Name	Carrier Number	Policy Number	Coverage	Comprehensive/General Liability					Professional Liability/Malpractice					Performance					Auto					General Fidelity Bond					Workers' Compensation					Products Liability					Other				
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14.	Summarize your organization's experience in the provision of services to our client population.																																													
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16.	I certify that the above is true to the best of my knowledge.																																													
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